COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES FRIDAY, NOVEMBER 2, 2001

MEETING LOCATION: NNAMHS

PHONE ACCESS AVAILABLE AT SNAMHS

MINUTES

COMMISSIONERS

PRESENT: Frances Brown, MSN, MSEd. RN, Chair

David Ward, Vice Chair

Eric Albers, Ph.D. John Brailsford, Ph.D. Elizabeth Richitt, Ph.D. Rena Nora, M.D.

Johanna Fricke, M.D. (by phone for part of the meeting)

ABSENT: N/A

CALL TO ORDER

Chair Fran Brown called the meeting to order. Dr. Johanna Fricke joined from Las Vegas.

APPROVAL OF MINUTES

Ms. Brown asked for corrections of the minutes. Dr. John Brailsford stated that on page 12, it should read patient at "SNAMHS." Page $6 - 2^{nd}$ paragraph needs to be changed.

MOTION: Mr. David Ward made a motion to approve the minutes with changes as indicated by Dr. Brailsford and Ms. Misty Allen, and with the exception that Ike will clarify the sentence on Page 6. Dr. Nora seconded. Motion carried.

INTRODUCTION OF ED IRVIN, DAG

Ms. Cindy Pyzel discussed her promotion to Chief Deputy, stating she is now supervisor of all attorneys that supply services to DHR. She introduced Mr. Ed Irvin as her replacement, stating that he comes to us from DCFS.

The Commission welcomed Mr. Irvin and congratulated Cindy Pyzel on her promotion.

PROVIDING DENIAL OF RIGHTS REPORTS TO BLC, DIVISION OF HEALTH

Ms. Pyzel explained that AB 280 was passed in 1999, and that part of that bill dealt with Chapter 433 and client rights. Another provision of that bill dealt with education. Chapter 449 dealt with the use of restraints in psychiatric facilities. It indicates facilities should be reporting denial of rights through the Board of Health. However, the Board of Health is not set up for that function, so it was agreed that since denial of rights were being reported to the Commission, that requiring to do it twice was meaningless. It is thought best to accumulate the denials at MHDS, and then forward a packet to the BLC Board of Health. We plan to deal with that issue at the next legislative session. The Commission has been very valuable in reviewing the denials, as there is great diversity in its members.

Dr. Eric Albers asked if they would be made available to the Board of Health, as well as BLC once the Commission reviewed and approved the denials. He also asked if there would be facilities that they will be looking at that are not currently reporting. Ms. Pyzel thinks it will spur all facilities

to report to the Commission. The Board of Health monitors all facilities to check for compliance for HCFA, etc. and will help remind them of their reporting duties to the Commission. She reported that BLC was an agency within the Health Division. Their staffing is dependent on fees generated, so they do have the ability to go into facilities due to complaints and for licensing issues. The Commission is budgeted only for travel and does not have assessment teams. Ms. Pyzel stated that it is up to the Commission to decide how to access these services best.

MENTAL HEALTH PLANNING ADVISORY COUNCIL RPEORT

Mr. Andrew Zeiser introduced himself and Ms. Alyce Thrash. He referred to the CMHS Block Grant Application the Commission received. He highlighted the grant process and the budgetary figures. He stated the grant assists MHDS and DCFS, indicating that on page 85, the table details the current grant amount and how it is divided between the two divisions. He further reported there would be a grant modification if extra money was awarded. It is an ever changing and ever growing process.

ACTION: Mr. Zeiser will provide the Commission with the updated report figures after they are reviewed by the council in mid-November.

Dr. Albers noted that most of the money goes to cover positions. He asked if they were state positions or soft money positions. Dr. Carlos Brandenburg stated they were soft money positions.

Dr. Albers asked if this grant covered the continuity of care approach. Mr. Zeiser explained that it was a bifurcated approach, the grantee being DHR. The Director of DHR is specified as the grantee, the money filters down to MHDS and DCFS.

Dr. Albers asked if the federal government asked for performance based outcome measures. And whether there was a move for improved reporting. Mr. Zeiser stated that CMHS supplied a menu of indicators, whereby MHDS and DCFS can choose from that menu. There are qualitative service data here too. CMHS is mandating uniform data and putting out uniform requests that must be completed. Dr. Albers asked who evaluates the data. Mr. Zeiser stated that the grant review committee reviewed data and the CMHS project officer. It is also reviewed by the regional peer consultative review. He explained that Nevada falls in the western region.

Dr. John Brailsford noted the report indicates services provided rather than outcomes. He asked if there was research done on the effectiveness of each service. Mr. Zeiser referred Dr. Brailsford to Page 164, indicating community tenure of clients in personal service coordination, active placement, psychiatric emergency services, senior outreach program, and PACT. Program evaluation staff is attempting to tie these indicators to outcomes. MHDS is looking to improve data collection as well as reporting methods.

Dr. Brandenburg explained that the divisions are reporting outcomes to the legislature on all programs. Since we are already reporting outcomes, we are trying to take those existing outcomes and place them in the reporting of the CMHS block grant. We are waiting for CMHS to catch up.

Dr. Albers stated MHDS's outcomes should be coordinated with DCFS's outcomes. Dr. Brandenburg stated that that would make sense for MHDS and DCFS to coordinate outcomes on the children's side, however it was not being done yet.

Dr. Rena Nora asked about quantitative analysis of services. Dr. Brandenburg stated it was part of our Performance Improvement. This reporting is being done in needs assessment and enhancements that we bring to the Commission. Dr. Brandenburg stated that we do report outcomes to the feds, but it is a whole new paradigm. Many states are just now moving from process indicators to outcomes. Eventually it will be outcome driven.

Mr. Zeiser stated that CMHS is just looking at certain areas, five criteria in mental health in Nevada. Dr. David Rosin explained that when we take a look at all the programs, we are looking at the holistic care of the client. The client may be in many programs.

Dr. Albers stated that BADA is currently underway to learn the impact and outcomes of specific programs.

ACTION: Dr. Kevin Crowe will present the outcomes for each program that we are currently collecting data at the next Commission meeting.

ACTION: DCFS was asked to present the same at the next meeting. Dr. Pete Galanowitz will be asked to present this.

Ms. Rosetta Johnson stated that it seemed that there are two separate studies of performances and links into what the department is doing now. She felt Dr. Brandenburg's program was holistic as stated. CMHS was developed before with special interests and targeted areas. This CMHS block grant should be a demonstration of combining the whole.

Mr. Ward congratulated MHPAC for a job well done. He inquired if the report listed where the \$137,000 was being spent. Mr. Zeiser referred him to the description of accomplishments of the Council and noted the breakout on Page 139.

Ms. Thrash reported that the Council was granting \$50,000 of this to train consumers of NAMI for family to family. She noted the Stigma training and advocacy portion, and stated it also educates state employees on stigma, how conversations can be stigmatic, etc. A good portion of grant is being used for consumers. She reported she recently attended a conference in Washington, D.C. and brought back information to the state of Nevada. She stated the Council works for the national mental health issues as well.

Mr. Zeiser referred the Commission to Pages 39 and 40 detailing the grant awards. He reported the Council just completed the 2001 awards, noting that 1/3 of the budget went to RFPs to community-based services. Ms. Thrash stated the Council is planning that the Commission will join a 2-day joint retreat with the Council. She stated the Council would like to be more interactive with the Commission so both would be on the same page and have the same goals. She stated the tentative dates were May 9 and 10, and that the Council would be sponsoring that retreat for the Commission and the council. At the conclusion of the meeting, we are hoping to have a reception to enable people to come in and meet the council and the Commission.

ACTION: Ms. Thrash will supply the dates to the Commission at the next meeting.

Mr. Thrash further reported that MHDS is putting together a database, it currently numbers 500. They have sent out a consumer survey to these 500 consumers and asked them to return the

survey so we know how we're doing in the State of Nevada. We will also give a leaflet to every one who comes into the system. We also want to meet with consumer agencies and put together a packet that will be given out to their consumers as well. This packet will show what services are available in the state so consumers can access services.

ACTION: MHPAC will format a letter to be included in the packets that include information about the Commission and their meeting dates. Alyce stated these would be distributed in January, 2002.

CRISIS CALL CENTER SUICIDE HOTLINE

Ms. Misty Allen updated the Commission on issues from the last meeting. She reported that a letter was not sent to the phone company, as they received three months phone services free and are researching a grant opportunity. She stated someone is trying to help them out anonymously. She will report the results of the grant opportunity to the Commission.

Ms. Allen reported that the first meeting of the subcommittee to study suicide prevention would be held on November 9, in Las Vegas. She noted that things were finally beginning to happen. She also reported that the southern contingent, Dorothy Bryant, came to Reno and Ms. Allen encouraged her to take American Association of Suicidology grant opportunity. Ms. Allen invited her to Carson City to offer crisis training. Dr. Nora and Ms. Allen reported they were researching the list of resources. They are working with Linda Flatt from the South with SPAN. The Crisis Call Center is being inundated by resource calls and is experiencing a tremendous increase in volume on those types of calls. 50% of our calls come from outside Washoe County.

ACTION: Ms. Allen will report on who is involved and who may want to get involved at the next meeting.

Dr. Nora expressed her hope that on November 9, those interested parties could be added to the list and perhaps plan a retreat or meeting in the spring or summer.

COMMISSION AUTHORITY OVER COUNTY MENTAL HEALTH

Ms. Pyzel referred the Commission to the correspondence from DAG, Ms. Susanne Sliwa. She stated that ongoing meetings were occurring between all parties. She stated that if things change concerning service delivery system, the Commission would be advised.

5-YEAR PLAN FOR CHILD ABUSE FOR NEVADA

Ms. Sherry Rice distributed an overview of the report of the Statewide Child Abuse Prevention Plan For Children's Trust Fund, which includes the Rural and Clark Counties. She stated that Washoe County conducted their own review and folded their data into her report. She reported that the Children's Trust Fund is utilizing this report as a statewide plan, and is taking a look at how to judge a program. Researching how to access statewide criteria to report on the five modalities listed. They have identified every program in state and visited every county in the state of Nevada, as well as all the non-profits. She reported they were not there to assess the efficiency of the program, but were there to learn of the gaps in services and if whether or not best practices are being offered.

Concerning gaps, she reported that a major gap was the lack of parenting classes for people recovering from substance abuse. She also noted the lack of public awareness campaigns on

child abuse prevention. She felt that follow-ups for best practices could be a component required by the grant. Skills-based curriculum is almost non-existent. They found that this was being adapted for teens in the rural counties, but needed to be adapted for younger children. She stated that the report begins by county and is a resource guide. She noted that each county was detailed with a local perspective followed by demographics.

Mr. Ward asked if there was any consideration given to include a requirement for a publicity component in RFP. Ms. Rice didn't know. CTF did make a recommendation that there be more publicity, however there is not always the money available.

Dr. Albers stated that this is yet another 5-year plan and comes under the auspices of DCFS. We know child abuse relates to domestic violence and suicide rates. This review was for CTF, but he asked if it was being forwarded to others as well. Ms. Rice reported that a copy would be available in a few weeks. To receive a copy, please call 775/688-2284.

COMMISSION MEETINGS-VIDEO CONFERENCING VS. ONSITE

Dr. Kevin Crowe stated he was asked to explore travel costs and better communication options. He stated that many people do offer a video conferencing system. The best would cost \$250, but comes with technical staff at each location. He recommended we use LCB, then we could utilize the Grant Sawyer Building in Las Vegas, as well as the Legislative Building in Carson City. This service offers audio and video minutes and is available on the Internet. Dr. Crowe recommended we try this approach at two meetings, then evaluate it.

Ms. Brown stated we would begin with the February meeting.

Mr. Ward reported he was not averse to trying this, but had reservations about having one-half as many occasions where Commissioners meet face to face. If we had an effective audio in place, we could eliminate flying the north to the south or the south to the north. The problem with the phone conferencing is primarily related to people not speaking into the microphone.

Dr. Nora reported her experience with it in the past, however the Commission may not always want to be on the Internet.

Dr. Brailsford stated there would be money saved if we only paid for travel for the Commissioners.

Dr. Albers stated he had been a part of video conferencing and did not like it. He reported that you can't see the dynamics of the meeting. Some issues we delve into require that. He felt it very important to bring in the rural areas, as we need to deal with that dynamic most. Mr. Ward reminded Dr. Crowe that there were facilities available in the Rurals.

Ms. Mary Wherry reported that HCFAP had grant money and was exploring the feasibility of developing video conferencing in the populated areas as well as in the Rurals. She suggested someone contact Mr. John Alexander for the details.

ACTION: Dr. Crowe will contact Mr. Alexander and report to the Commission on his findings.

MOTION: Dr. Brailsford made a motion to try video conferencing for the February meeting with all Commissioners present, including Elko and other rural connections at the same time. Dr. Nora seconded. Motion carried with one abstention.

MHDS 4TH QUARTER TRAINING REPORT

Ms. Robin Williams discussed the training report, pointing out the new format. This new format will enable MHDS to get consistent information across to all agencies. She indicated there is a mechanism that will give information about status. She also reported that there has been curriculum developed for the required training. She also stated that they have almost completed curriculum for standard precautions and it will be presented to the training committee, then to Dr. Brandenburg for approval. Work has begun with the college system to begin a rotating system for the purchase of textbooks. Next year, we will continue to get curriculum and increase the number of technician certification and recertification. We hope to increase the number of persons that get through required training and fill the gaps and deficits. We will now be able to focus on that, as we have the information that tells us that.

Dr. Nora noted the fact that suicide training is not being addressed. She stated she was personally aware that SNAMHS had done some training in that area, however it was not reflected in the training report. She also indicated that mental health aspects of terrorism is now in the forefront and must be included in the training. Ms. Williams reported that the priorities for this year are addressed in the report, however, that does not mean that other training did not occur. The needs assessment shows that that it is necessary.

Dr. Albers asked if the priorities were set by accreditation standards. Ms. Williams replied that some are. Dr. Albers asked if there was a cross fertilization between MHDS and DCFS training. Ms. Williams responded that child mental health does participate in the training with the community college, however, it is not reported.

MOTION: Dr. Nora made a motion that all training in each agency be indicated in the report. The report should also include the training that each clinician is doing to keep licenses current. Dr. Albers seconded the motion. Motion carried.

Dr. Brailsford asked why some agencies were at 100% and some were not. Dr. Brandenburg indicated the report monitors all mandated training pursuant to Division policy. We can incorporate in the policy suicide prevention training as mandatory training. Many policies interface with JCAHO and HCFA requirements. He stated that Ms. Williams was the Division Central Office training officer, but that she has another job with Dr. Luke that is a full time job. There is a high priority as a Division for a training officer, but we cannot seem to get it through legislature, although we have tried for the past two sessions.

Mr. Ward expressed concern for the safety and proper treatment of our clients. MHDS is tracking noncompliance of its own policies. Dr. Brandenburg stated that MHDS was developing a list of mandatory training and is looking at the content of training to standardize it.

Dr. Nora noted the requirements met the bare minimum, she indicated that federal agencies were required to complete 20 hours of training for patient safety. She suggested that in next training curriculum, MHDS include the Commission's priorities including CPR, suicide prevention and terrorism preparedness. Ms. Williams stated that all those were being given, but were not being

tracked. Dr. Brandenburg stated it was a work in progress, and welcomed the Commission's comments.

Mr. Ward asked Mr. Les Gruner what the status of training was in DCFS. He asked if DCFS had a training officer and whether or not mandated training was built into the policies and if DCFS was in compliance with their own policies. MR. Gruner reported that DCFS does have a training officer. All DCFS technicians go through the same process and are being followed. He indicated they follow the basic procedures as MHDS.

ACTION: Mr. Gruner will supply data concerning training within DCFS at the next Commission meeting.

Ms. Theresa Anderson stated that mental health folks were required to go through the core training that is mandatory, but that that was all that was tracked.

Dr. David Luke reported to the Commission that the technician number may seem low, stating that to become certified may take years (2 years unless they come to us certified) and becomes virtually impossible to reach. The numbers may reflect one of the people in process or a new hire that is in the process.

Mr. Ward noted that only 1% of SRC's employees have completed violence in work place. Ms. Debbie Hosselkus reminded the Commission that State Personnel provides much of the training required. Many of the classes are full and have waiting lists. Some are very difficult to get into.

Dr. Brandenburg said the report was meant to provide benchmarks for the agency directors.

NORTHERN NEVADA MENTAL HEALTH ADVISORY BOARD POSITION PAPER REGARDING OPENING MEDICAID CONTRACTS TO LCSWs AND MFTs AT NON-PROFIT ACCREDITED AGENCIES

Ms. Mary Wherry represented Mr. Chuck Duarte. She stated that the Commission should come up with a proposal of what they would anticipate as to how many providers there may be so HCFAP could promote the budgets.

Dr. Albers stated that the algorithm approach to patient care was discussed at yesterday's meeting. He indicated the algorithm stressed the need for follow-ups at short intervals. He asked Ms. Wherry to consider the huge waiting lists and recidivism rates and whether we could detour our clients from being rehospitalized. He felt opening up Medicaid contracts would offset huge costs.

Dr. Brailsford noted that the outpatient counseling had a large waiting list. He asked why the waiting list couldn't be served by social workers or marriage and family therapists, and then be reimbursed by Medicaid. Ms. Wherry asked the Commission to take data that they have and their knowledge of specialty practices and report it to HCFAP.

Dr. Albers asked Mr. Stuart Gordon what he thought of the situation. Mr. Gordon stated the state was contracting to Mojave only and the state lost \$601,000 due to Mojave's exorbitant rates. By opening contracts, we will see the same licensed professionals but at a competitive rate. The

Governor has asked that we endeavor to take some of the weight from state services. This would be an ideal way. Mr. Gordon asked the Commission to support the position paper and continue to allow for a gatekeeper.

Ms. Wherry stated there was a difference between targeted case managers and social workers or marriage and family therapists. HCFA has begun a behavioral health unit to determine what all services are being provided statewide. It is by legislative authority to decide where the dollars will be spent. She suggested again that the Commission really needs to clearly define spending (from a fee schedule) and look at the deficiencies and begin to trend out what it would cost and how many would be asking to be a provider. We cannot just add on provider groups, it must go through legislature. We want to improve access and quality of outcomes for our clients.

Dr. Brailsford asked if Medicaid was for or against such a revision. Ms. Wherry stated that Medicaid was not opposed to social workers or marriage and family therapists providing services. She also stated that HCFAP could not just add them on without knowing the fiscal impacts.

Dr. Rosin stated that he just came from South Carolina, and for last two years, Medicaid did not do their projections well and were \$100 M overspent. He stressed that Medicaid must try to get an accurate projection to derail this type of overspending.

Ms. Wherry stated that the Commission was in a great position to help. She stated that Nevada was the only state in the union without an automated system. She stressed the need to be specific and stay within the scope of practice.

Dr. Brailsford stated that needs were not being met. Why, when there are qualified social workers and marriage and family therapist, cannot they pick up the slack.

Ms. Wherry stated that Medicaid does understand the issues, however stressed the need for solid projections to see if we can include them in our projections, but reminded the Commission that it requires levels of lobbying.

Dr. Albers asked if that was a task the two professions should deal with. Mr. Wherry said absolutely. They are the experts. Only they can develop a comprehensive plan. She suggested that the state get a waiver to provide a looser application for persons with mental illness, that the federal rules would typically allow. They could change eligible requirements to be on the waiver, and could name providers on the waiver. She stressed that the Commission must realize that social workers and marriage and family therapists would be going up against some that are opposed. She suggest polling other states that are reimbursing social workers and marriage and family therapists.

MHDS ADVISORY BOARDS

Northern Nevada Advisory Board

Mr. Stuart Gordon once again requested support of their position paper, and stated that in light of previous discussion, asked the Commission to head up an inter-disciplinary committee to look at other states.

ACTION: Dr. Albers asked Mr. Gordon, through his advisory board, to get the principal players to research this. It was also requested that Mr. Gordon work with state professional associations as well, who would be willing to advocate for their professions and clients.

Dr. Albers asked DCFS how many of the waiting list were eligible for Medicaid. Ms. Anderson indicated approximately 40%. She stated that DCFS could identify who is waiting and who is Medicaid eligible, but how many of them are high intense patients is what DCFS can't count. Dr. Albers suggested we look at how much money we lose if we do not serve them now, stating it will cost the adult mental health system hugely.

Mr. Gordon further reported that pro bono work had been requested. He stated the best we can do is reach out to other agencies and ask them to help. We are not filling all the gaps. The board is looking at creating a new client form and will bring it to the Commission for approval.

PUBLIC COMMENT

Dr. Jean Bradt stated her concerns about the advisory boards. She reported that Ms. Kim Spoon indicated that the Northern Advisory Board was down to five members. Dr. Bradt expressed her problem with asking consumers to be members only because they are consumers. Two consumers at a recent meeting had no understanding, nor function at the board meeting. She stated she felt consumers were already represented. Mr. Joe Tyler represents consumers suggested the board rethink its membership, whereby each member would be a representative of some agency. She felt that would solve the problem.

Mr. Ward stated that he was not concerned about having too much consumer representation on any board. He values input from those that may not have a degree, but are able and willing to share their own personal experience within the system and get that information back to the commission. He further stated that the Commission talked yesterday in terms of how a board could be more beneficial, both to the Commission and the state in turn. As Dr. Brailsford stated, the advisory board itself determines who the nominees are. It is the Commissions job to accept or not accept their nominees.

Dr. Bradt felt consumers could share with the board, sharing system issues only, rather than personal issues. We can only help with system and policy change. Only those on the board are able to state a system issue. Therefore, a form was advised to be developed. Joe Tyler and I can help other consumers convert their issues to a system issue

Dr. Brailsford reiterated that their presence is valuable. If a meeting is not disrupted, they should be encouraged to attend.

Dr. Bradt stated the board needed input, but the board was reluctant to ask for input during the one-hour meetings. We are thinking in terms of input in other areas and condense the input and bring that to the board. It would be brought to the board in an efficient manner that way. She insisted that any person on the board have a functioning purpose. They must be able to offer input.

Ms. Brown asked if their bylaws indicated the number allowed to serve on the board. She stated that the advisory boards make their own bylaws. Mr. Brown suggested Dr. Bradt study her bylaws and go from there, bringing her concerns to the board.

<u>Southern Nevada Advisory Board</u> No report.

AGENCY DIRECTORS' REPRORTS

DCFS

Mr. Gruner was asked how to solve the waiting list problem. He stated it was due to a shortage of staff. He indicated they triaged their waiting lists weekly, stating it was based upon high need. When triage calls are taken for these kids, we do recommend them to other places. We follow up with those on the list to see how they are doing. As part of the screening call, we ask what their financial situation is. We give them the appropriate recommendations to other agencies. We also provide them with the applications for other services and help them through that process.

NNAMHS

Dr. Nora expressed her delight in touring the new Dini-Townsend Hospital. She felt it would be a wonderful model for others. The true test is the patient and staff satisfaction, which she felt was very positive. She congratulated Dr. Harold Cook.

PUBLIC COMENT

Ms. Rosetta Johnson stated she had been an advocate for the State of Nevada for five to six years. She has been involved in many conferences, all of them discussing fragmentation, duplication, etc. She shared a draft with the Commission for services in Washoe County. By charting the movement of a client, we can show the gaps. This has evolved to where the governor conducted a fundamental review. Through charting, we can see what happens to the family if someone gets sick (mentally ill). Only when it becomes a crisis does the family receive help. If we had a crisis intervention team in place, we would not have to go through the criminal justice system.

If a person is dually diagnosed, there is no intense coordinated effort to treat the individual holistically. If a child shows all the symptoms before age 18, we have the responsibility to get them help.

When an individual is finally diagnosed with mental illness, but the law cannot force the individual to take treatment, the individual lives at home and family life deteriorates until the individual is out on the street. The individual begins to self-medicate with alcohol and/or drugs. A high percentage of these individuals become suicidal or commit acts of violence. All in all, it creates many repercussions to society and families.

Dr. Nora asked for her expectations of the Commission. Ms. Johnson stated the Commissions' willingness in dealing with the strategic plan and making recommendations on how to get these systems to work together. She reminded the Commission of the Governor's task forces and the meetings occurring at this time.

ACTION: Ms. Johnson will present her completed graph at the next northern meeting, including estimated costs to the state.

Mr. Ward thanked Ms. Johnson, and stated he was anxious to get a copy of the chart so the Commission could study it.

MHDS POLICIES

Policy #2.015

Ms. Pyzel reported that Policy #2.015 – Assaultive Behavior Intervention Certification Requirements was a topic that the Commission had received letters on before. It is controversial; what do you do with state employees who are unable to do interventions?

Dr. Nora asked if there was a model for training and whether it was specified. Ms. Williams stated that it took an eight-hour course to become certified. Ms. Pyzel reported it was not just the physical aspect, but also the talking down of antecedents. Behavioral interventions are necessary because our population is becoming more challenging. There is a need for staff that can properly intervene for them. Item number eight of the policy ties it all into the quality enhancements.

Dr. Brailsford asked if there were any thoughts of teaming people together if some cannot certify or recertify. Ms. Pyzel stated that a lot of the problem was with staffing. Agencies try not to lose the value of the training they already have. Our employees get more valuable with age, but if they physically cannot do the job, we must acknowledge that.

Dr. Richitt asked the length of a temporary waiver. Mr. Stan Dodd reported that the discussion there is whether or not we can grandfather employees in to guarantee them employment. We decided that we would only offer waivers for one particular item, which will be reviewed annually. Ms. Kathy McCormick stated that Item 4. f. addressed the staff and client safety issues.

Dr. Brailsford asked if the training report would show the number of people certified. Mr. Dodd stated that this number would be added to the waiver number as well.

Dr. Albers asked if there were efforts to terminate employees due to their inability to certify or recertify. Mr. Dodd stated that part of the policy is to work with those individuals in locating them in another division position or another agency position.

Policy #4.042

Dr. Nora asked if all patients were required to sign the "client refusal form." Ms. Pyzel stated it was part of the treatment process, and was to assure that treatment being received elsewhere was not in conflict. Every effort to get the best and most information on the clients is made to help the client.

Policy #4.043

Ms. Pyzel reported that clients come in who have a diagnosis of mental illness, as well as developmental disabilities. The question becomes one of primacy. This policy is an attempt to clarify that.

Dr. Brandenburg stated he would like to acknowledge Stan Dodd's leadership in meeting with staff and other agencies to finalize this policy. He also thanked Ms. Pyzel for all her work.

MOTION: Dr. Nora made a motion to approve the three policies. Dr. Brailsford seconded. Motion carried.

YOUTH VIOLENCE/SUICIDE

Dr. Bill Evans informed the Commission that Dr. Albers asked him to briefly discuss ongoing projects at UNR regarding his specialty, youth. UNR is tracking youth in four western states, beginning with 5th and 8th graders and tracking them. He referred the Commission to the second page of his report, noting the western states were Wyoming, Arizona, Nevada and California. UNR is attempting to study two sites per sate (rural and urban). In Nevada, we are studying Elko and Sparks.

In surveying 8th graders, 40% of the kids report being victimized within the past month. One fourth of the kids say they have perpetrated violence and been victimized as well. Only 20% say they have experienced no violence. The majority of the kids have reported witnessing harassment or victimization, with ½ reporting seeing one person or another beating up someone else.

There is a 22% high suicide risk group based on depression ideation and previous attempts. This number is high due to the group of kids we are looking a. We are dealing with the western state, which are the high suicide rate states. Dr. Evans reported a nexus between suicide and violence, over representation leads us to believe that violence to self or others leads to suicide.

We are building and triangulating data and tracking them through the school, communities and neighborhoods they live near. It appears that resiliency is a necessary commodity that allows kids to overcome deficits.

There are some critical differences noted in the report regarding cultural, etc. Prevention works best with general and specific goals. There are violent risk factors that produce other risk factors. We are studying youth violence prevention, looking at many levels of cause and cure, which are listed in the report. Of course, it works better if done early and often.

We are studying schools that tend to stereotype kids. We are trying to avoid stereotypes, attempting to figure out ways to avoid that. The study targets all kids, not just high risk. Dr. Evans felt that working with as many risk levels as possible was essential. We are trying to empower the kids and get them to influence one another.

Dr. Evans also shared another project he had been working on. He has been building a resource website dealing with tragedy and grief. He distributed a copy of the many websites available, informing the Commission of the many good resources available. He encouraged the Commission to share this information.

Ms. Brown noted that the literature on personal hardiness enables one to navigate well through tragedies, victimizations, etc.

Dr. Albers expressed his concern as to whether or not Dr. Evans was being pulled in at the state level by those looking at suicide. He asked how he saw the stated doing. Dr. Evans felt there was some disarray, but that the state was moving toward better understanding with SCR 3.

Dr. Evans also reported the Suicide Prevention Research Center (SPRC) was just refunded . He noted he was in the process of writing something to compare Nevada to New Jersey, noting Nevada has the highest suicide rate and New Jersey had the lowest.

Dr. Nora asked Dr. Evans to stay involved with SCR 3. Dr. Evans stated he focuses on youth, but that it was obviously a national problem. Dr. Albers noted there was a lot going on in the state, but not all parties are involved. We must bring them together.

INFORMATIONAL

Dr. Brandenburg again reminded the Commission of the suicide prevention study funded by 2001 session, which was introduced by Senator Ann O'Connell in Clark County. He stated Mr. Don Williams, LCB Research, had asked him to give testimony. Dr. Brandenburg reported he would incorporate numbers from Dr. Albers and Dr. Evans. He encouraged the Commissions interest.

He also referred the Commissioners to their packets for upcoming conferences and stated that Mr. Jonathan Andrews would be reporting to the Commission regarding Nevada's problem with gambling addictions after the first of the year.

ACTION: Add Director Carol O'Hare, Executive Director, Nevada Council on Problem Gambling, 4340 S. Valley View, Suite 20, Las Vegas, NV 89103 (702) 369-9740 to the next agenda.

In discussing Mr. John Amundson's resignation, Dr. Brandenburg asked Dr. Larry Buel to recommend individuals in the rural areas for the Governor's consideration. He stated that he would continue to get representation from Elko.

STATE OF THE STATES IN DEVELOPMENTAL DIABILITIES – 2000 STUDY SUMMARY Dr. David Luke referred the Commission to the publication in their packets, stating it was an abbreviated version of the national version.

He noted on Page 1, Nevada has ½ as many people with developmental disabilities as the rest of the nation. West Virginia has 17 per 1000. Nevada has 4.6. The US total has 7.6. He felt this might be because Nevada is a transient state.

Another concern is whether our access to services is poor in Nevada, Nevada is now under 90 days for processing an application, where in 1996, 6-1/2 months was the norm. This is an indicator that we are making progress. Page 7 shows utilization levels increasing. We have added related conditions as a category in the past five years.

We have large waiting lists and this does effect our expenditure levels. On Page 4 it shows the residential waiting lists in various states. Eight states do not even report their waiting lists. These definitions are probably very poor. For Nevada to catch up, we would have had to have an 18% growth in our services. We are not out of line in comparison to Georgia where they would have to have a 50% increase in their system to address their waiting lists. Another factor may be outcomes. Outcome measures are positive in some areas. Nevada does not have so many high priced services, as we encourage community-based placements. Since 1998, community spending has gone from \$16 million to \$43 million in 2003; a 270% increase. Quality of life issues are measured by the size of residential settings. In Nevada, we tend to show indications as a higher quality of life for those. Our family support program has doubled since 1988. Every time we keep a family intact, it is more cost effective. Dr. Luke told the Commission he thought the Braddock report was interesting, but that we must use ourselves as a benchmark.

HEALTH ALERT NETWORK

Mr. Mike Huse distributed information regarding terrorist training and the public health network training network broadcast schedule. This schedule lists up to date programs available, enabling Nevadans to dial in to a live satellite presentation. It is no longer necessary to drive 20 miles or 100 miles to see such a broadcast. He stated the website address was: cdc.gov.org. This address gets you to the calendar. Mr. Huse also distributed a brochure, which describes that PHTN is part of the CDC grant to prepare US for bio terrorism. The Health Alert Network is a rapid system that provides us with a contact database, including fire departments, hospitals, health agencies, emergency rooms, etc. When we find there has been an event or need to distribute information, we can distribute information rapidly. It is a learning process, but improving. After the terrorist incident on September 11, there has been a tremendous amount of activity in getting information and training programs out on the satellite. All training is centered on the early response individuals and mental health. Many of these broadcasts offer CEUs. The Health Division is working on installing video conferencing now to include the Rurals, as well as Reno, Carson City and Las Vegas. NDOT has many sites available already throughout the state, especially in the Rurals. We may be able to plug mental health into that program. Distance learning is the way things will go, the University is already set up for that.

Ms. Brown asked what broadcasts were available on the computer. Mr. Huse stated a schedule could be found on: www.cdc.gov\phtn.

MHDS 4TH QUARTER REPORT

Dr. Kevin Crowe asked for questions regarding the 4th Quarter Report. He stated MHDS would being reporting performance indicators with the next report.

ACTION: Mr. Ward asked Dr. Crowe to begin using larger font in the reports to enable easier reading.

Dr. Crowe also referred the Commission to MHDS's website for publications: mhds.state.nv.us

Disaster Response Plan

Dr. Crowe thanked Dr. Brandenburg for making him begin work on a disaster response plan in 1998. Since that time, MHDS has received a small grant from Project Impact to begin working on a statewide plan for mental health that integrates with Emergency Management Services. The state disaster plan is organized so that if a state disaster is called by the Governor, then one of our staff activates the response teams (MHDS has three response teams, one each in the north, south and Rurals). In Northern Nevada, Dr. Luke's staff works closely with Dr. Cook's staff. We make the most use of our facilities. Each team has pretrained volunteers. We have experienced critical instance stress debriefing, however, have not yet had a full blown incident where we would meet in one place in the state and be transported by the National Guard. We work very closely with Red Cross. It is critical that we can offer crisis counseling to victims. WE continue to provide more training and train new staff as outgoing staff is replaced.

ACTION: Dr. Crowe will report on the disaster response incidences that we have responded to in the past year.

Dr. Nora thanked Dr. Crowe and asked if provisions are made for responders that covers liability. Dr. Crowe stated that because our responders are state employees, we are covered under the state umbrella.

ROUNTABLE

Ms. Brown asked for opinions for the date of the next meeting. The next meeting will be December 7 at DRC as previously planned.

Dr. Richitt wanted to publicly thank Dr. Brandenburg and Ms. Williams for the training report and for presenting it to the Commission. She took umbrage to Dr. Brailsford's oversimplification of the difficulties of Medicaid parity issues.

ACTION: Ms. Brown stated that professional practices would be discussed at another meeting.

MOTION: Mr. Ward made a motion to adjourn. Dr. Albers seconded. Carried.

Respectfully submitted,

Ike Cress Recording Secretary